Washington State Department of Health
Board of Pharmacy
PO Box 47863
Olympia WA 98504-7863
(360) 236-4825
FAX (360) 586-4359

For Office Use Only	
C.E. APPROVED HRS	DATE
BY	

CONTINUING EDUCATION APPROVAL

(This form is not required for programs which are ACPE approved.)

For prior approval, the provider must complete and mail this form at least 60 days prior to the presentation date. For post approval, the attendee must complete and mail this form within 15 days following the presentation.

Please Type or Print

NAME OF REQUESTING INDIVIDUAL			
ADDRESS	CITY	STATE	ZIP

1. Title of Program _____
2. Name of Provider _____ Telephone _____

   Address _____ City _____ State _____ Zip _____
3. Date(s) of Presentation _____

   Time(s) _____

   Place(s) _____
4. Length of Presentation (C.E.U. [1 CEU = 10 hours) _____
5. Speaker(s) _____

   Qualifications _____
6. Course outline sufficiently detailed to describe subject matter presented must be provided *(attach the course outline and copies of handouts to this form).*
7. Course Objectives _____

   _____
8. Plan for Evaluation: _____

   _____
9. If this is for post approval, in addition to the above questions, please evaluate the program and briefly state what knowledge was gained as a direct result of the program.

   _____

   _____

   _____

   _____

EXAMPLE OF COURSE OUTLINE
ADVERSE DRUG REACTIONS

I. Definitions
   A. Adverse Drug Reaction
   B. ADR Subclassifications
      1. Define ADR
      2. Probable ADR
      3. Possible ADR
      4. Conditional ADR
      5. Doubtful ADR
   C. Hypersensitivity Reactions
   D. Iatrogenic Reactions
   E. Idiosyncratic Reactions
   F. Side Effects

II. Epidemiology
   A. Incidence of ADR's
      1. Hospital admissions due to ADRs
      2. ADR occurrence in hospitalized patients
      3. Fatal ADRs
   B. Impact of ADRs on Health Care Cost
   C. Preventable vs Non-Preventable
   D. Predisposing Factors
      1. Age
      2. Gender
      3. Race
      4. Genetic factors
      5. Allergic tendency
      6. Underlying diseases
      7. Previous history of ADRs
      8. Polypharmacy
      9. Multiple health care providers
      10. Renal/Hepatic Function

III. Evaluation of ADRs
   A. Characterization of the ADR
      1. Description
      2. Review patient data
      3. Classification of the ADR
   B. Steps in analyzing an ADR
      1. Temporal relationship
      2. Elimination of other causes
         a) Unknown medications
         b) Drug interactions
         c) Underlying or coexisting disease or pathology
         d) Previous invasive procedures
      3. Selection of responsible agent
         a) Presence of affected tissue
         b) Demonstration of drug-specific mechanism
         c) Pattern of reaction
         d) Exclusion of non-drug causes
         e) Dechallenge and rechallenge
   C. Literature Documentation
      1. Adverse drug reaction and/or drug-induced disease suspected
      2. Literature search strategy to review similar reactions
         a) Clin-Alert
         b) de Haen Adverse Reaction Index
         c) Adverse Reaction Titles
         d) IDIS
         e) On-line data bases (Medline, Toxline, Excerpta Medica)